# OARS 2

NEW FOR 2009 Faster, Easier, Friendlier

## Before you start

- Any student, staff, or faculty member can file an accident/incident report.
- Accident reporting is required by federal and state laws as well as University policies.
- Just have your UW NETID ready to file the report.

## **Getting Started**

- Go to <u>http://www.ehs.washington.edu/ohsoars/index.shtm</u>
- Locate "Enter the Online Accident Reporting System (OARS)" and click on it.
- When the screen changes, you will be asked to enter your NETID and password.

### First time OARS 2 users

- If you have not used the new OARS system before, a window will show up asking you to verify your personal records.
- If the information is current, click on the Submit button. Then on the next window, click on Home.
- On the OARS front page, click on Create New Incident Report.

# Page 1 Person Involved

Indicate in what capacity you are reporting the incident. Click on the appropriate button, either as

- -Supervisor,
- -Self, or
- University Representative.

The system will automatically fill in the required tracking information.

Then decide what is the status of the person injured or involved in the incident, e.g. Faculty/Staff or Graduate Student. Then click on "Select Involved."

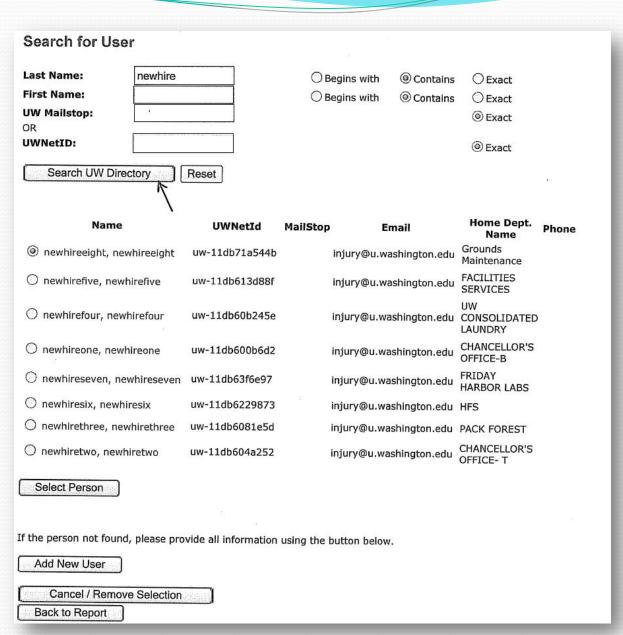
Online Accident Reporting	System ‡	Page 1 of
1. Person Involved> 2. Investigative Details> 6. 0	Description> 3. Classification> 4. Details> 5. Corrective Action	Exit
	Person Reporting Incident 💝 HELP	
Supervisor	rsity Representative O Self	
	Name: I: injury@u.washington.edu Faculty / Unit: Department: <b>ENV HEALTH</b>	H & SAFETY
	Person Involved or Affected 💝 HELP	
	te Student OUndergraduate Student OContractor	OPublic
Select Involved S	Select Job Title	
1	Supervisor 💝 HELP	
Supervisor Name: ehs1		
Supervisor Name: ehs1  Additional Notification (e-mail	ail):	***************************************

# Selecting Person Involved

To search for the name of the injured party, just enter the last name of the person. The system will allow you to select from a list of potential matches.

Identify the person, and then click the Select Person button.

If you cannot find the injured party using the Search UW Directory, you can click on the Add New User button, and manually enter the name and the department of the person involved.



## **Supervisor Selection**

- If you enter your own injury report, you will have to provide your supervisor's information. If you enter just the last name you will be able to select from a list and then the information will auto fill.
- You can enter one other person to be email notified of the accident. Many Departments such as Facilities Services want an additional level of management notified. You must know this email address there is no select option.
- Your finished with this page click on "NEXT".

# Page 2 Description

Enter the day and time of the accident.

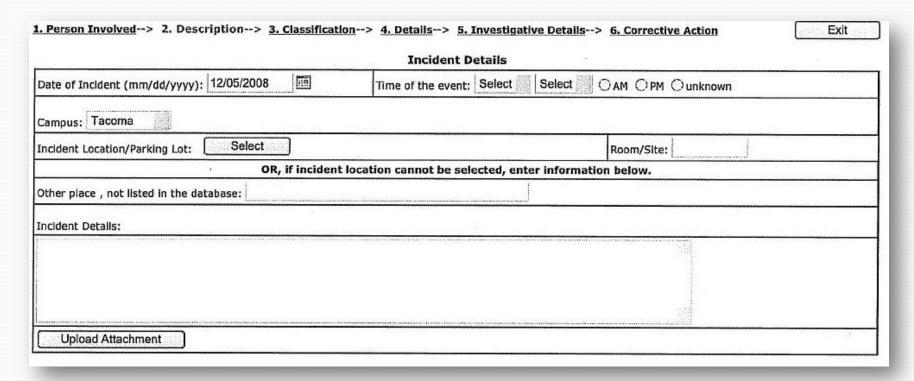
Select Campus and Incident Location.

Alternatively, if location could not be selected from the predetermined list, type in the location in the space provided.

Give Incident Details. Attachments can be

uploaded.

Done with this page click on "NEXT".



# Page 3 Classification

Select which level of incident is being reported 1, 2 or 3.

Mark one of the boxes below the level.

Mark at least on box under each of the columns – Nature of Injury, Body Parts Affected, What caused the harm.

Finished with this page click "NEXT".

. Person Involved> 2. Description	n> s (disperification> 4. Detail	s Exit			
Classification (Please select level first)					
O Level 1	O Level 2	O Level 3			
Near misses	Workplace Violence	Death (please call EH&S			
Incidents with no body injuries	Fire and Explosion	immediately at 543-7262)			
Injuries requiring first aid	For EH&S/Risk Management use	In-patient hospitalization of the Injured Party (please call EH&S			
Injuries requiring medical reatment (go to Level 3 if in-patient lospitalization is required)	only. WC cases	immediately at 543-7262)  Accidents/incidents occurred outside USA			
Injuries involving lost work days		outside OSA			
Injuries requiring restricted work or job transfer					
Loss of consciousness					
Property damage					
	Type of Incident				
Nature of Injury	Body Parts Affected	What caused the harm			
Open Wound : Laceration,	Head	Bites / Scratches / Kicks			
Puncture, Scratch	☐ Eyes	Struck by Object			
Contusion/Abrasion/Hematoma	Ears	Contact with Objects			
Burns	Nose	Overexertion			
Sprains/Strains/Twist	Mouth	Fall from Elevation			
Fracture/Dislocation	Neck	Slip or Trip			
Pain/Inflammation/Edema	Chest/Shoulders	Repetitive Motion Injury			
Electric Shock	☐ Torso/Side	Bio-hazardous Materials/Infectiou			
Hearing Loss	Back	Diseases			
Heart/Circulatory Diseases	Abdomen	Needles/Sharps			
Needlesticks/Sharps	Buttocks	Noise			
Exposure to Potential Infectious	Elbows	Fire			
¶aterial □ Splash	Arms	Electricity			
	Fingers	Chemicals			
Poisoning by Substance Respiratory Conditions	☐ Hands/Wrists	Machinery			
_ ' '	Hip/Pelvis	Tools / Instruments			
Mental/Emotional Distress	Legs	Structures/Surfaces			
Allergy/Sensitivity Reaction  Chronic Irreversible Disease	Knees	Violence: Patient, Staff, Visitors			
	Feet/Ankles/Toes	Radiation			
Loss of Consciousness	Groin	Motor Vehicles			
Skin Disorders	Body Systems	Non-human Primates			
Punctured Ear Drum	None	☐ Drugs			
Tuberculosis Infection	Other	Patient Handling			
Non-personal Damage		None			
None		Other			
Other					

# Page 4 Details

The injured party is requested to provide his input on the possible causes of the incident by checking the appropriate boxes in any of the appropriate columns – Equipment, Environment, Policies/Procedures, Human factors.

He or she could also enter any suggested corrective actions by checking a box and/or filling in the "Affected Party" suggested corrective action box.

A SHARWARA A SAN A		auses	
Equipment  Defective Tools/Equipment  Defective Material  No Guards/Barriers  Inadequate Guards/Barriers  Using Equipment Improperly  Inadequate Maintenance  Improper Equipment	Environment  Inadequate Ventiliation  Inadequate or Excessive Illumination  Air Contaminants  Chemicals  Noise  Fire / Explosion  Animal Action  Poor Housekeeping  Inclement Weather  Silppery/Uneven surface  Ergonomics Issues  Sharp Objects  Hot Objects  Frost Bite  Heat Stress	Policies / Procedures    Failure to Follow Procedures   Appropriate Procedures Non-existent   Inadequate Instructions / Procedures   Inadequate Planning / Preparation   Inadequate Support / Assistance   Other	Human Factors  Inadequate Training  Inadequate / Improper PPE  PPE Not Used  Improper Lifting  Failure to Follow Established Protocol/Procedures  Verbal Assault  Physical Assault  Inattention  Loss of Balance  Rushing  Phobla/Anxiety  Horseplay  Other
	Suggested Corrective Act	ions to Prevent Reoccurrence	
Provide safety training			
Undertake hazard assessment			
Submit request for maintenance/rep	ılr		
Change work area layout / design			
Change/review work procedures			
Provide PPE			
Other			

# Page 4 Details

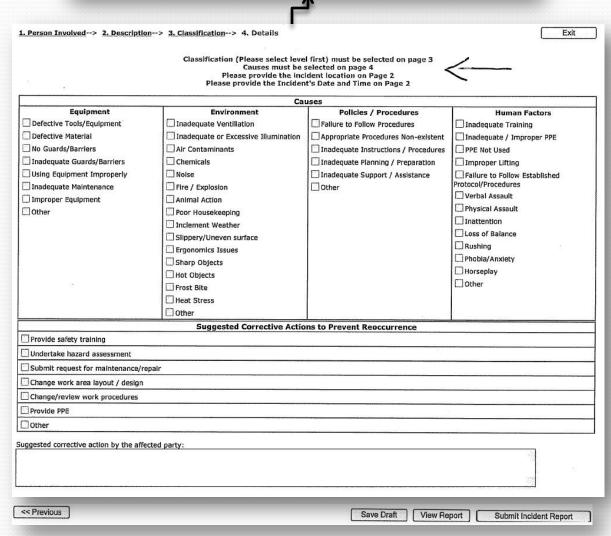
If you are compiling the report as the injured party or a University Representative, you can now save a draft, view it, or submit the report. Your supervisor and EH&S will not get the copy until you have submitted the report.

If there are errors in completing the report, red error messages will appear at the top of the page, and state what is wrong and on which page. Correct them and resubmit the report.

A copy will automatically go to your supervisor and any additional email recipient whom you may have included on page 1.

A message will appear "Completed Report Submitted Successfully" .

## Classification (Please select level first) must be selected on page 3 Causes must be selected on page 4 Please provide the incident location on Page 2 Please provide the Incident's Date and Time on Page 2

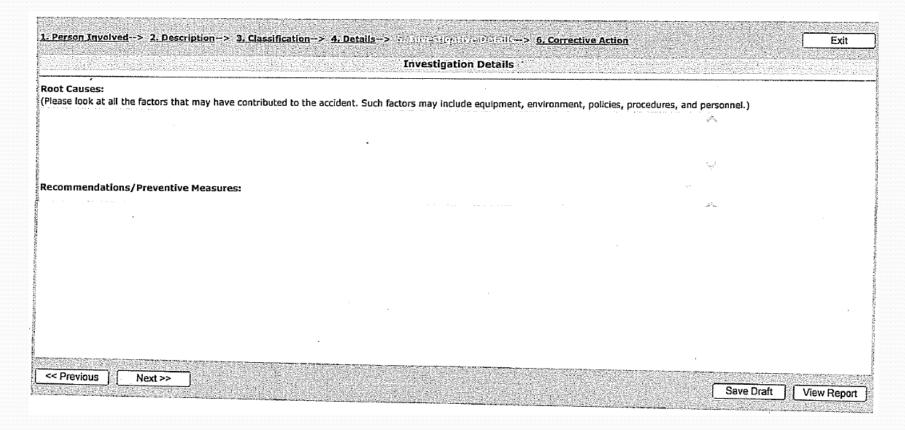


### Later

- You can always go back to a submitted report and edit.
   EH&S will get copies of both reports.
- You can no longer edit a report, if your supervisor (upon receiving the email notification) has already finished the supervisor's sections and submitted the report.

# Pages 5 and 6 Supervisor's Sections

Supervisors can complete the report from start to finish in one go, by reporting the incident as the supervisor. Alternatively, the injured party may have started the report, and then the supervisor later gets an email notification from the system to complete the supervisor's sections on pages 5 and 6 (namely Root Causes, Recommendations / Preventive Measures, and Corrective Actions Target Date).



## Nagging Emails

After having received the email notification, if the supervisor has sat on the report for five days with no follow up action, a reminder email will be sent to the supervisor.

Similarly, seven days after the Corrective Action Target Date has past, (as indicated on the report), and there is no action by the supervisor to update the report by filling in the Corrective Action Complete Date, a nagging email will be issued to the supervisor, and then every seven days afterwards, until the corrective action has been implemented and the actual completion date filled in.

	Management Review
Supervis	or or University Representative
orrective Actions Target Date (mm/dd/yyyy): 12/05/2008	Corrective Actions Complete Date (mm/dd/yyyy):
ame: ehs1	Phone Number: 555-1212 Email: injury@u.washington.edu
prove Investigation and Corrective Actions: Yes   No	Corrective Actions Complete: Yes () No (2)
omments:	· · · · · · · · · · · · · · · · · · ·

### **OSHA 300 Form**

- An incident may involve medical treatment beyond first aid, lost work days, or job transfer. Such incidents are recordable under the OSHA requirements.
- After the incident report has been submitted, supervisors should also complete the OSHA Form as soon as such information is available, by going to

https://oars.ehs.washington.edu.

Click "Open OSHA 300 Form". —

#### Welcome to OARS

My Contact Information

#### **Incident Reports**

Create New Incident Report

View / Edit My Unfinished Incident Reports

View / Edit all Open Reports Submitted by Me

View / Edit Submitted Reports Involving Me as Injured Party or Supervisor

View My Closed Reports

Open OSHA 300 Form

#### Reference Documents

OARS FAQ Link

### **OSHA 300 Form**

 Supervisors can complete this form at the time of submission of the OARS report, or later as soon as information about medical treatment beyond first aid, lost work days, or job transfer is available.

#### OSHA 300 RECORDABLES

	te all questions to help us determine if the incident is an ou provide is essential to produce the mandatroy OSHA L		le injury or illness. The
	your best estimate on the number of days away from will visit this form by clicking "Open OSHA 300 Form" on the "		
Unique Ever	nt No. 2009-04-005		02/03/20
	yee's Online Accident Report, did the injury result in	OYes NO	-Cancer
treatment bey	one first aid /	OYes NO	-Chronic irreversible disease
Oyes NO	Was the Employee treated in an emergency	OYes NO	-Fractured or cracked bone
O IS NO	room?	O Yes NO	-Punctured ear drum
O Yes NO	Was the Employee hospitalized overnight as in- patient?	OYes NO	-Skin Disorders?
OYes NO	If treatment was given away from the worksite,	O Yes NO	-Respiratory Condition?
Facility:	where was it given?	OYes NO	-Poisoning? -Hearing Loss?
Street:		O les no	-nearing coss?
City	State: Zip:		
Name of Physi	ician or Licensed Health Care Professional:		
OYes N⊕	(mm/dd/yyyy):	OYes NO	Does the incident involve a sharps/needlestick or a splash incident involving
	Loss of Consciousness, including fainting?		blood borne pathogens?
○Yes N⊙	Job transfer or restriction?  Total number of full days (if job transfer or	OYes NO	Tuberculosis Infection?
	restriction)	OYes NO	Medical Removal of employee under the OSH
O Yes NO	Days away from work due to accidents?  Total number of days (if you checked "Yes" for		health standards?
0	days away from work, begin counting from the day after the Injury/Illness occurred)		
Confidential Ye	ONo ⊗		
Under the folio	wing circumstances, you should mark the case as Confid	dential:	
<ul> <li>Intury or</li> </ul>	illness to an intimate body part or to the reproductive sy	stem	
an Intury	or illness resulting from a sexual assault		
	I Illness, a case of HIV Infection, hepatitis, or tuberculosis		
a needle	stick injury or cut from a sharp object that is contaminat		other potentially
	is material (see 29CFR Part 1904.8 for definition)		
	nesses, if the employee independently and voluntarily req on the log	uests that his o	r her name not be
Upload Attac	hmant		

## Training site for practice

To practice using OARS, go to

https://oarstrain.ehs.washington.edu

- You can enter your own incident reports, or report in the capacity of the Supervisor, or the University Representative.
- For training purposes, no email confirmation will be sent to the persons mentioned on the report, in order to avoid unnecessary confusion.